

2001 UNIFORM BUSINESS REPORT (UBR)

0011258 AF

DOCUMENT # **A98000002340**

1. Entity Name

HYDE PARK MEDICAL CENTER, LTD.

Principal Place of Business

**7350 S. TAMiami TRAIL #39
SARASOTA FL 34231-7000**

Mailing Address

**7350 S. TAMiami TRAIL #39
SARASOTA FL 34231-7000**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

01 JAN 26 AM 11:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0865599

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANKIN, LAWRENCE M

2033 MAIN STREET, SUITE 400

SARASOTA FL 34237

Name

Street Address (P.O. Box Number is Not Acceptable)

City

600003624136--B

**02/02/01 0103-013
****526.FL ****526.25**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$2,200,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P98000078567**
NAME **EVERED, INC.**
STREET ADDRESS **7350 SOUTH TAMiami TRAIL #39**
CITY-ST-ZIP **SARASOTA FL 34231-7000**

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1-16-01 941-922-9418

CR2E003 (11/00)